

CLAIM FOR REWARD GRAFFITI SPRAY AND PAY PROGRAM

Before completing this form, please call the arresting agency to obtain the crime case number relating to the incident you witnessed (California Highway Patrol (619) 296-6661; San Diego Police Department (619) 531-2846; San Diego Unified School Police (619) 291-7678; San Diego Harbor Police (619) 686-6596).

Send completed form to Office of the City Attorney, Spray and Pay Program, 1200 Third Avenue, Suite 700, San Diego, California 92101.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Today's Date: _____

Your Name:	Telephone Number (day/eve):
Address: City, State, Zip	Your Social Security Number:
Date of incident:	Crime Case Number:
Location of incident:	Kind of property damaged or destroyed:

Please provide the following information relating to the suspect, if known:

Name:		AKA:		
Address:		Telephone Number:		
Race:	Sex:	Ht:	Wt:	DOB/Age:
Hair Color:	Hair Length:	Facial Hair:	Is the suspect under 18 years old? Yes No	
Other: (Tattoo, Scar, Glasses, etc.)				

Please describe the incident you witnessed and why you believe you are eligible for a reward.

FOR CITY USE ONLY:

Name of person convicted: _____

Court: _____ Date of conviction: _____ Date of confession: _____

Amount of Damage: _____

Amount of Reward: _____ Date forwarded to Auditor: _____

Additional Comments: _____